

3. Are you a full- or part-time student in a formal education program? ☐ Yes ☐ No

If so, what is the program? _____

4. What is your principal occupation? (please choose ONLY ONE)

- | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="radio"/> Physician ¹ | <input type="radio"/> Laboratorian/Medical Technologist ⁷ | <input type="radio"/> Case Manager ¹³ |
| <input type="radio"/> Physician's Assistant, Medical Assistant ² | <input type="radio"/> HIV Counselor ⁸ | <input type="radio"/> Outreach Staff ¹⁴ |
| <input type="radio"/> Registered Nurse ³ | <input type="radio"/> Health Educator ⁹ | <input type="radio"/> Community Planning ¹⁵ |
| <input type="radio"/> Licensed Practical/Vocational Nurse ⁴ | <input type="radio"/> Administrator ¹⁰ | <input type="radio"/> Social Worker ¹⁶ |
| <input type="radio"/> Nurse Practitioner ⁵ | <input type="radio"/> Disease Intervention Specialist (DIS) ¹¹ | <input type="radio"/> Drug Treatment Counselor ¹⁷ |
| <input type="radio"/> Certified Nurse Midwife ⁶ | <input type="radio"/> Student ¹² | <input type="radio"/> Other ¹⁸ (please specify) |
- _____

5. In what type of organization are you primarily employed? (please choose ONLY ONE)

- | | | |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Non-clinical community-based org. ¹ | <input type="radio"/> Managed care organization ⁵ (e.g. Kaiser) | <input type="radio"/> Military ⁹ |
| <input type="radio"/> Gov't-funded public health program ² | <input type="radio"/> Private practice, clinical care, hospital/clinic ⁶ | <input type="radio"/> Indian Health Services ¹⁰ |
| <input type="radio"/> University, college, other school ³ | <input type="radio"/> Clinical laboratory ⁷ | <input type="radio"/> Migrant health clinic ¹¹ |
| <input type="radio"/> Family planning program ⁴
(not government funded) | <input type="radio"/> Corrections facility ⁸ | <input type="radio"/> Other ¹² (please specify) |
- _____

6. If your job involves clinical care of patients, which of the following most closely describes the type of clinical care you provide? (please choose ONLY ONE)

- | | | |
|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="radio"/> Not applicable ¹ | <input type="radio"/> General public health/community health ⁴ | <input type="radio"/> Primary care ⁷ |
| <input type="radio"/> STD/HIV ² | <input type="radio"/> Adolescent health ⁵ | <input type="radio"/> Other clinical specialty (please specify) ⁸ |
| <input type="radio"/> Family planning ³ | <input type="radio"/> Obstetrics/Gynecology ⁶ | |
- _____

7. What populations do you serve within your agency? (please mark ALL THAT APPLY)

- | | | |
|---------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="radio"/> Injection drug users ¹ | <input type="radio"/> Non-injecting drug users ⁶ | <input type="radio"/> Incarcerated adults ¹¹ |
| <input type="radio"/> Sex industry workers ² | <input type="radio"/> Homeless populations ⁷ | <input type="radio"/> Heterosexual partners of persons at risk ¹² |
| <input type="radio"/> Incarcerated youth ³ | <input type="radio"/> Adolescents (ages 13-19) ⁸ | <input type="radio"/> Racial/ethnic groups (please specify) ¹³ |
| <input type="radio"/> Disabled persons ⁴ | <input type="radio"/> Rural communities ⁹ | |
| <input type="radio"/> Pregnant women ⁵ | <input type="radio"/> Men who have sex with men ¹⁰ | <input type="radio"/> Others (please specify) ¹⁴ |
- _____

8. What percentage of your principal job is devoted to STD/HIV? _____

9. How long have you been working in STD/HIV prevention or care? _____ ☐ Years ☐ Months

10. Are you a member of an HIV and/or STD Community Planning Group? ☐ Yes¹ ☐ No²

11. How did you hear about this course?

- | | | |
|------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> Flyer ¹ | <input type="radio"/> Notice in staff bulletin/newsletter ⁴ | <input type="radio"/> Journal/magazine ⁷ |
| <input type="radio"/> Word of mouth/Colleague ² | <input type="radio"/> Faxed flyer ⁵ | <input type="radio"/> Other (please specify) ⁸ |
| <input type="radio"/> Brochure ³ | <input type="radio"/> E-mail message ⁶ | |
- _____

12. At what site did you view the Satellite Broadcast?

(Continued )

SECTION 2:

		Low	←	→	High	N/A	
1. My ability to define emergency contraception.	before the course	1	2	3	4	5	9
	after the course	1	2	3	4	5	9
2. My ability to identify who would benefit from emergency contraception.	before the course	1	2	3	4	5	9
	after the course	1	2	3	4	5	9
3. My ability to recognize when to use emergency contraception.	before the course	1	2	3	4	5	9
	after the course	1	2	3	4	5	9

4. We would appreciate your feedback on the teaching aspects of this update.

	Not at all ← → To a great extent				
How useful was this information to your practice?	1	2	3	4	5
To what extent were the objectives relevant to the program’s overall purpose & goals?	1	2	3	4	5
To what extent was the content relative to the objectives?	1	2	3	4	5
How effective were the teaching methods?	1	2	3	4	5
How useful were the materials?	1	2	3	4	5

5. Please rate this course for "Overall effectiveness"
(Please rate 1 = poor to 5 = excellent)

1 2 3 4 5

6. Comments: _____

6. Topic suggestions for future satellite programs: _____

